

11/29/01



11/29/01 PTO

09/955599



11/29/01

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 216644US0

First Inventor or Application Identifier Masayasu OGUSHI, et al.

Title ENDOTRACHEAL TUBE

Assignee Name: Kuraray Co., Ltd.

Assignee Address: 1621, Sakazu, Kurashiki-shi, Okayama-ken, Japan

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- 1.
- ☒
- Fee Transmittal Form (e.g. PTO/SB/17)
-
- (Submit an original and a duplicate for fee processing)

- 2.
- ☒
- Specification Total Sheets
-

- 3.
- ☒
- Formal Drawing(s) (35 U.S.C. 113) Total Sheets
-

- ☐
- Oath or Declaration Total Pages
-

- a.
- ☐
- Newly executed (original or copy)

- b.
- ☐
- Copy from a prior application (37 C.F.R. §1.63(d))
-
- (for continuation/divisional with box 17 completed)

- i.
- ☐
- DELETION OF INVENTOR(S)

Signed statement attached deleting inventor(s) named in
the prior application, see 37 C.F.R. §1.63(d)(2) and
1.33(b).

- ☐
- CD-ROM or CD-R in duplicate, large table or Computer
-
- Program (Appendix)

- ☐
- Nucleotide and/or Amino Acid Sequence Submission
-
- (if applicable, all necessary)

- a.
- ☐
- Computer Readable Form (CRF)

- b. Specification or Sequence Listing on:

- i.
- ☐
- CD-ROM or CD-R (2 copies); or

- ii.
- ☐
- Paper

- c.
- ☐
- Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- 7.
- ☐
- Assignment Papers (cover sheet & document(s))

- 8.
- ☒
- Application Data Sheet. See 37 CFR 1.76

- 9.
- ☐
- 37 C.F.R. §3.73(b) Statement
- ☐
- Power of
-
- (when there is an assignee) Attorney

- 10.
- ☐
- English Translation Document (if applicable)

- 11.
- ☐
- Information Disclosure
- ☐
- Copies of IDS
-
- Statement (IDS)/PTO-1449 Citations

- 12.
- ☐
- Preliminary Amendment

- 13.
- ☒
- White Advance Serial No. Postcard

- 14.
- ☒
- Certified Copy of Priority Document(s) (1)
-
- (if foreign priority is claimed)

- 15.
- ☐
- Applicant claims small entity status.
-
- See 37 CFR 1.27

- 16.
- ☒
- Other: Request for Priority

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

- ☐
- Continuation
- ☐
- Divisional
- ☐
- Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner:

Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only. The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

18. Amend the specification by inserting before the first line the sentence:

- ☐
- This application is a
- ☐
- Continuation
- ☐
- Division
- ☐
- Continuation-in-part (CIP)
-
- of application Serial No. Filed on

- ☐
- Which was published in English

- ☐
- Which was not published in English

- ☐
- This application claims priority of provisional application Serial No. Filed

19. CORRESPONDENCE ADDRESS

22850

(703) 413-3000

FACSIMILE: (703) 413-2220

Name: Norman F. Oblon

Registration No.: 24,618

Signature:

Date: 11/29/01

Name:

C. Irvin McClelland

Registration No.:

Registration Number 21,124

Docket No. 216644US0

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Masayasu OGUSHI, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: ENDOTRACHEAL TUBE

FEE TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231


FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	12 - 20 =	0	× \$18 =	\$0.00
INDEPENDENT CLAIMS	2 - 3 =	0	× \$84 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
BASIC FEE				\$740.00
TOTAL OF ABOVE CALCULATIONS				\$870.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$870.00

- ☐ Please charge Deposit Account No. 15-0030 in the amount of _____ A duplicate copy of this sheet is enclosed.
- ☒ A check in the amount of \$870.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030.
A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Date: 11/29/01


Norman F. Oblon

Registration No. 24,618

C. Irvin McClelland
Registration Number 21,124



22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 10/01)